

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2025 JAN 24 PM 2: 38

VANIA S. ALLEN
CLERK

BY: Rashad Smith ☒ Check if this is an
amended filing
DEPUTY CLERK

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN District of GEORGIA

Case number (if known):

25-50776

Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

ABUDU
First name
JOHN
Middle name
IGEIN
Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

First name

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

First name

Middle name

Last name

First name

Middle name

Last name

Business name (if applicable)

Business name (if applicable)

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 7 7 8 1

OR

9 XX - XX - _____

XXX - XX - _____

OR

9 XX - XX - _____

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

About Debtor 1:

4. Your Employer
Identification Number
(EIN), if any.

82-4997022
EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case):

EIN

EIN

5. Where you live

5051 BROWN LEAF CT
Number Street

POWDER SPRINGS GA 30127
City State ZIP Code

COBB
County

If your mailing address is different from the one
above, fill it in here. Note that the court will send
any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

If Debtor 2 lives at a different address:

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from
yours, fill it in here. Note that the court will send
any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. Why you are choosing
this district to file for
bankruptcy

Check one:

☒ Over the last 180 days before filing this petition,
I have lived in this district longer than in any
other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition,
I have lived in this district longer than in any
other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee

☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.

☒ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).

☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☐ No

☒ Yes. District NORTHERN When 12/31/24 Case number 24-63649
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

☐ No. Go to line 12.

☒ Yes. Has your landlord obtained an eviction judgment against you?

☒ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☐ No. Go to Part 4.

☒ Yes. Name and location of business

EGG-HEAD WRITERS LLC
Name of business, if any
5051 BROWN LEAF COURT
Number Street

POWDER SPRINGS GA 30127
City State ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Debtor 1

ABUDU JOHN ISEIN
First Name Middle Name Last Name

Case number (if known)

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☒ No. Go to line 16b.
☐ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☒ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

THEY ARE BOTH CONSUMER & BUSINESS DEBTS

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

19. How much do you estimate your assets to be worth?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

20. How much do you estimate your liabilities to be?

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

Signature of Debtor 1

Executed on

1/24/25
MM / DD / YYYY

X

Signature of Debtor 2

Executed on

MM / DD / YYYY

Debtor 1

ABU DHU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

Signature of Attorney for Debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

Debtor 1

ABUDU JOHN IGGIN
First Name Middle Name Last Name

Case number (if known) _____

**For you if you are filing this
bankruptcy without an
attorney**

**If you are represented by
an attorney, you do not
need to file this page.**

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☒ No

☐ Yes. Name of Person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X

Signature of Debtor 1

Date

1/24/2025
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

X

Signature of Debtor 2

Date

MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1	<u>ABUDU</u>	<u>JOHN</u>	<u>IGEIN</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN</u>		District of <u>GEORGIA</u>
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>5051 BROWN LEAF CT</u>	From <u>2016</u> To <u>2025</u>	<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street		Number Street	From _____ To _____
<u>POWDER SPRINGS GA 30127</u>			
City State ZIP Code		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State ZIP Code		City State ZIP Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No
☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>LOSS</u>	\$ _____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>LOSS</u>	\$ _____
For the calendar year before that: (January 1 to December 31, <u>2023</u>) YYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ <u>LOSS</u>	\$ _____

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<u>SOCIAL SECURITY</u>	
	\$ <u>689</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For last calendar year: (January 1 to December 31, <u>2024</u>) YYY	<u>SOCIAL SECURITY</u>	
	\$ <u>675</u>	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
For the calendar year before that: (January 1 to December 31, _____) YYY		
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Debtor 1 ABUSH JOHN IGGIN
First Name Middle Name Last Name

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
<u>ASCENTIVM CAPITAL</u> Creditor's Name	<u>JAN 24</u>	<u>\$ 25000</u>	<u>\$ 107,525.60</u>	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Other <u>TRUCKS</u>
<u>23970 HWY 59N</u> Number Street	<u>DEC 2024</u>			
<u>KINGWOOD TX 77339</u> City State ZIP Code				
<u>CINCH AUTO FINANCE</u> Creditor's Name	<u>JAN 24</u>	<u>\$ 9150</u>	<u>\$ 30,000</u>	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
<u>10400 OLD ALABAMA</u> Number Street	<u>DEC 2024</u>			
<u>RD SUITE 100</u> City State ZIP Code				
<u>ALPHARETTA GA 30022</u> City State ZIP Code				
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code				

Debtor 1 ARBUON JOHN IGGIN
First Name Middle Name Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				
Insider's Name		\$ _____	\$ _____	
Number Street				
City State ZIP Code				

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>COOPER ASSET</u> <u>V. IGEIN, ABUDU</u>	<u>CIVIL</u> <u>ACTION</u> <u>DISMISSED</u>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number _____	<u>STATE COURT OF GA</u> Court Name <u>12 EAST PARK SQ</u> Number Street <u>MARIETTA GA 30090</u> City State ZIP Code	
Case title <u>ABUDU IGEIN</u> <u>V. FORD MOTOR CORP</u>	<u>DISMISSED U.S. DISTRICT COURT</u> Court Name <u>75 TED TURNER DR</u> Number Street <u>ATLANTA GA 30303</u> City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>1:23-cv-04270</u>		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number _____ Street _____		
City _____ State _____ ZIP Code _____		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name _____	_____	\$ _____
Number _____ Street _____		
City _____ State _____ ZIP Code _____		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☐ No

☒ Yes. Fill in the details.

ASCENTUM CAPITAL
Creditor's Name

Describe the action the creditor took

Date action
was taken

Amount

23970 HWY 59N
Number Street

THREATENS REPO.

12/26/24 \$ 109,525.60

KINGWOOD TX 77339
City State ZIP Code

Last 4 digits of account number: XXXX-

94070614

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No

☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift

\$ _____

Number Street

\$ _____

City State ZIP Code

Person's relationship to you

Gifts with a total value of more than \$600
per person

Describe the gifts

Dates you gave
the gifts

Value

Person to Whom You Gave the Gift

\$ _____

Number Street

\$ _____

City State ZIP Code

Person's relationship to you

Debtor 1 ABUDU JOHN ISEIN
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____ _____		_____ _____	\$ _____ \$ _____
Number Street _____ _____			
City State ZIP Code _____ _____			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
		_____	\$ _____

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____	_____ _____	\$ _____ \$ _____

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number _____ Street _____	_____	\$ _____

City _____ State _____ ZIP Code _____		
Email or website address _____		
Person Who Made the Payment, if Not You _____		

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number _____ Street _____	_____	\$ _____

City _____ State _____ ZIP Code _____		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

☒ No
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____		_____
Number _____ Street _____		

City _____ State _____ ZIP Code _____		
Person's relationship to you _____		
Person Who Received Transfer _____		_____
Number _____ Street _____		

City _____ State _____ ZIP Code _____		
Person's relationship to you _____		

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking		\$ _ _ _ _
Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
City State ZIP Code		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		
Name of Financial Institution	XXXX- _ _ _ _	<input type="checkbox"/> Checking		\$ _ _ _ _
Number Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
City State ZIP Code		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

	Who else had access to it?	Describe the contents	Do you still have it?
Name of Financial Institution	Name		<input type="checkbox"/> No
Number Street	Number Street		<input type="checkbox"/> Yes
City State ZIP Code	City State ZIP Code		

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

Name of Storage Facility	Who else has or had access to it?	Describe the contents	Do you still have it?
<u>HIRAM SELF STORAGE</u>		<u>FORD F550 2021</u>	<input type="checkbox"/> No
<u>155 REYNOLDS RD</u>	Name _____		<input checked="" type="checkbox"/> Yes
Number Street	Number Street	<u>FORD F550 2022</u>	
<u>HIRAM GA 30141</u>	City State ZIP Code		
City State ZIP Code			

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name	Where is the property?	Describe the property	Value
_____			\$ _____
Number Street	Number Street		
_____	_____		
City State ZIP Code	City State ZIP Code		

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site	Governmental unit	Environmental law, if you know it	Date of notice
_____	Governmental unit _____		_____
Number Street	Number Street		
_____	City State ZIP Code		
City State ZIP Code			

Debtor 1 ABUDU JOHN IGEIN Case number (if known) _____
First Name Middle Name Last Name

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the case
Case title	Court Name		<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☐ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

EGGHEAD WRITERS LLC Describe the nature of the business
Business Name

5051 BROWN LEAF CT TOWING COMPANY
Number Street

POWDER GA 30129
City State ZIP Code

Business Name

Number Street

City State ZIP Code

Name of accountant or bookkeeper

DIEKE CONSULTING SVC INC

Describe the nature of the business

Name of accountant or bookkeeper

Employer identification number

Do not include Social Security number or ITIN.

EIN: 82-4997022

Dates business existed

From 2018 To 2025

Employer identification number

Do not include Social Security number or ITIN.

EIN: _____

Dates business existed

From _____ To _____

Debtor 1 ABUDU JOHN LGEIN Case number (if known) _____
First Name Middle Name Last Name

Describe the nature of the business
Business Name _____
Number Street _____
City State ZIP Code _____
Name of accountant or bookkeeper _____
Employer Identification number
Do not include Social Security number or ITIN.
EIN: _____
Dates business existed
From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
☒ Yes. Fill in the details below.

Date Issued
MIKE CONSULTING SVC INC 12/11/24
Name MM / DD / YYYY
788 VETERANS MEMORIAL
Number Street
HWY SW
MABLETON GA 30126
City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x [Signature] x _____
Signature of Debtor 1 Signature of Debtor 2
Date 1/1/25 Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
☐ Yes. Name of person _____ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 ABDULL JOHN IGGIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of GEORGIA

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

1.1. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
Current value of the portion you own? _____
\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
Current value of the portion you own? _____
\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. _____

☐ Check if this is community property (see instructions)

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

1.3.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 0

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: FORD
Model: F-550
Year: 2021
Approximate mileage: 175044
Other information:

CUSTOMER # 2640614

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 86,400 \$ 43352.64

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: FORD
Model: F-550
Year: 2022
Approximate mileage: 145073
Other information:

CUSTOMER # 2619407

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 115200 \$ 66172.96

☐ Check if this is community property (see instructions)

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

3.3. Make: NISSAN
Model: TITAN
Year: 2017
Approximate mileage: 118410
Other information:

N/C# 2840601

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 61000 \$ 32000

3.4. Make: SLINGSHOT
Model: POLARIS SL
Year: 2022
Approximate mileage: 5260
Other information:

F3764298

TAG: EYW149

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 26702 \$ 26702

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☒ Yes

4.1. Make: TRAILER
Model: _____
Year: 2022
Other information:

TRAILER
TV01Z02

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 5000 \$ 2231.67

If you own or have more than one, list here:

4.2. Make: BOX TRAILER
Model: BOX TRAILER
Year: 2022
Other information:

BOX TRAILER
21091661-5

TV 01Z02

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 6495 \$ 1122.59

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$171581.86

Debtor 1

ABUDDU JOHN IGGIN

First Name Middle Name Last Name

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☒ No☐ Yes. Describe.....

\$ 0

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe.....

HP COMPUTER

\$ 250

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$ 0

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No☐ Yes. Describe.....

\$ 0

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$ 0

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe.....

PERSONAL CLOTHINGS

\$ 1000

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe.....

ENGAGEMENT RING

\$ 150

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

NONE

\$ 0

14. Any other personal and household items you did not already list, including any health aids you did not list☒ No☐ Yes. Give specific information.

\$ 0

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 1400

Debtor 1

ABUDU JOHN IGEIN

First Name Middle Name Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes

Cash: 100

\$ 100

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes

Institution name:

17.1. Checking account:

DELTA COMMUNITY BANK

\$ 20

17.2. Checking account:

NAVY FEDERAL

\$ 20

17.3. Savings account:

WELLS FARGO BANK

\$ 100

17.4. Savings account:

\$

17.5. Certificates of deposit:

\$

17.6. Other financial account:

\$

17.7. Other financial account:

\$

17.8. Other financial account:

\$

17.9. Other financial account:

\$

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes

Institution or issuer name:

\$ 0

\$

\$

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture☒ No☐ Yes. Give specific information about them

Name of entity:

% of ownership:

0% %

\$ 0

0% %

\$

0% %

\$

Page 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
information about
them.....

Issuer name:

\$ 0
\$
\$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each
account separately.

Type of account: Institution name:

401(k) or similar plan: _____

\$ 0

Pension plan: _____

\$

IRA: _____

\$

Retirement account: _____

\$

Keogh: _____

\$

Additional account: _____

\$

Additional account: _____

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric: _____

\$ 0

Gas: _____

\$

Heating oil: _____

\$

Security deposit on rental unit: _____

\$

Prepaid rent: _____

\$

Telephone: _____

\$

Water: _____

\$

Rented furniture: _____

\$

Other: _____

\$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description:

\$ 0
\$
\$

Debtor 1

ABUDU JOHN IGGIN
First Name Middle Name Last Name

Case number (if known)

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ 0
\$
\$

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

\$ 0

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

\$ 0

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

\$ 0

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax/refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal: \$ 0
State: \$
Local: \$

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony: \$ 0
Maintenance: \$
Support: \$
Divorce settlement: \$
Property settlement: \$

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\$ 0

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ 0

\$

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\$ 0

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$ 0

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

\$ 0

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.....

\$ 0

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$ 240

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☐ No

☒ Yes. Describe.....

ALLSTATE/NSD/HONK AS AT 1/8/25 \$ 822.15

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☒ Yes. Describe.....

HP COMPETER, CHAIR & DESK \$ 750

Debtor 1

ABUDU John IGEIN
First Name Middle Name Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe.....

\$ 0

41. Inventory

☒ No

☐ Yes. Describe.....

\$ 0

42. Interests in partnerships or joint ventures

☒ No

☐ Yes. Describe.....

Name of entity:

% of ownership:

%

\$ 0

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations

☒ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.....

\$ 0

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

\$ 0

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 1572.15

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes

\$ 0

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information.

\$ 0

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes.

\$ 0

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes.

\$ 0

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information.

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ 0

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

\$
\$
\$

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 0

56. Part 2: Total vehicles, line 5 \$ 171581.86

57. Part 3: Total personal and household items, line 15 \$ 1400

58. Part 4: Total financial assets, line 36 \$ 240

59. Part 5: Total business-related property, line 45 \$ 1572.15

60. Part 6: Total farm- and fishing-related property, line 52 \$ 0

61. Part 7: Total other property not listed, line 54 + \$ 0

62. Total personal property. Add lines 56 through 61. \$ 174794.01 Copy personal property total → + \$ 174794.01

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 174794.01

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN TGEIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of GEORGIA

Case number
(If known) _____

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.1 ASCENTUM CAPITAL Describe the property that secures the claim:

Creditor's Name
23970 HWY 59 N
Number Street

2022 FORD F-550

KINGWOOD TX 77339
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$66172.76	\$66172.76	\$0
------------	------------	-----

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 0614

2.2 ASCENTUM CAPITAL Describe the property that secures the claim:

Creditor's Name
23970 HWY 59 N
Number Street

2021 FORD F-550

KINGWOOD TX 77339
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

\$43352.64	\$43352.64	\$0
------------	------------	-----

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number 9407

Add the dollar value of your entries in Column A on this page. Write that number here:

\$109525.60

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Additional Page

Part 1:

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
--	--	--

2.3 CULS CINCH AUTO

Describe the property that secures the claim:

\$ 50438

\$ 50438

\$ 0

Creditor's Name

10800 ALPHARETTA HWY

Number Street

SUITE 208

ROSWELL GA 30076

City State ZIP Code

NISSAN TITAN 2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred 08/2021

Last 4 digits of account number 0601

2.4 PERFORMANCE FINANCE

Describe the property that secures the claim:

\$ 31067

\$ 15000

\$ 0

Creditor's Name

PO BOX 5108

Number Street

OAK BROOK IL 60523

City State ZIP Code

SLINGSHOT 2022

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred 01/05/22

Last 4 digits of account number

2.5 SHEFFIELD FINANCIAL

Describe the property that secures the claim:

\$ 5792

\$ 5792

\$ 0

Creditor's Name

PO BOX 840

Number Street

WILSON NC 27894

City State ZIP Code

TRAILER

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Date debt was incurred 08/9/21

Last 4 digits of account number 2341

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ 87297

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

2.6 SHEFFIELD FINANCIAL
Name
P.O. BOX 840
Number Street

On which line in Part 1 did you enter the creditor? 2.5

Last 4 digits of account number 6615

WISTON NC 27894
City State ZIP Code

2.9 1ST FRANKLIN
Name
7436 DOUGLAS BLVD STE B
Number Street

On which line in Part 1 did you enter the creditor? 2.7

Last 4 digits of account number 0217

DOUGLASVILLE GA 30135
City State ZIP Code

2.8 SBA GA DISTRICT OFFICE
Name
233 PEACHTREE STE 300
Number Street

On which line in Part 1 did you enter the creditor? 2.8

Last 4 digits of account number 7804

ATLANTA GA 30303
City State ZIP Code

EIDL: \$73405.21

2.9 DEPT OF JUSTICE
Name
990 BROAD STREET
Number Street
NJ FED. BUILDING STE 701
NEWARK NJ 07102
City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.9

Last 4 digits of account number 9655

99-655 US
6 9 1 6

Name
Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

Name
Number Street

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

City State ZIP Code

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGBIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN District of GEORGIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 <u>E. ADVANCE SVCS LLC</u> Priority Creditor's Name <u>370 LEXINGTON AVE</u> Number Street <u>SUITE 801</u> <u>NEW YORK NY 10017</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>LOAN</u> Total claim <u>\$14990</u> Priority amount <u>\$14990</u> Nonpriority amount <u>\$14990</u>			

2.2 <u>ACCION OPPORTUNITY FUND</u> Priority Creditor's Name <u>111 W. ST JOHN ST</u> Number Street <u>SUITE 800</u> <u>SAN JOSE CA 95113</u> City State ZIP Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>LOAN</u> Total claim <u>\$10000</u> Priority amount <u>\$10000</u> Nonpriority amount <u>\$10000</u>			
---	--	--	--

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

2.3 ARENA FUNDING
Priority Creditor's Name
1457 RICHMOND RD
Number Street

Last 4 digits of account number _____

\$ 0 \$ 0 \$ 0

When was the debt incurred? 2023

STATEN ISLAND NY 10304
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

LOAN
CONSOLIDATION
FRAUD

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

Is the claim subject to offset?

- ☐ No
☐ Yes

2.4 CAMINO FINANCIAL
Priority Creditor's Name
309 E 8TH STREET
Number Street
SUITE 601

Last 4 digits of account number _____

\$ 10000 \$ _____ \$ 10000

When was the debt incurred? 2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

charged off

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify LOAN

Is the claim subject to offset?

- ☒ No
☐ Yes

2.5 PROPELUS CORP.
Priority Creditor's Name
30 WALL ST
Number Street
8TH FLOOR
NEW YORK NY 10005
City State ZIP Code

Last 4 digits of account number _____

\$ 18000 \$ _____ \$ 18000

When was the debt incurred? 2023

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

charged off

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify LOAN

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1

ABUDU JOHN IGEM

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 STATE COLLECTIONS SVC. INC. Last 4 digits of account number Total claim \$ 1500
Nonpriority Creditor's Name
2509 S. STOUGHTON ROAD
Number Street
MADISON IN 53716
City State ZIP Code
When was the debt incurred?
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

4.2 COLLECTIONS ALLIED INTERSTATE Last 4 digits of account number 9673 Total claim \$ 8201.86
Nonpriority Creditor's Name
P.O. BOX 5002
Number Street
FOGELSVILLE PA 18051
City State ZIP Code
When was the debt incurred? 11/2024
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify COLLECTION
Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

4.3 DISCOVER CARD Last 4 digits of account number 6347 Total claim \$ 5000
Nonpriority Creditor's Name
PO BOX 30952
Number Street
SALT LAKE CITY UT 84130
City State ZIP Code
When was the debt incurred? 2020
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CREDIT CARD
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☒ No
☐ Yes

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 BANK OF AMERICA
Nonpriority Creditor's Name
P.O. BOX 982238
Number Street
EL PASO TX 79998
City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 4980
When was the debt incurred? 10/23
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed charged off

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CREDIT CARD

\$ 10443.11

4.5 CAPITAL ONE
Nonpriority Creditor's Name
P.O. BOX 31293
Number Street
SALT LAKE CITY UT 84131
City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 6285
When was the debt incurred? 7/2022
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed charged off

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CREDIT CARD

\$ 7500

4.6 JPM CB
Nonpriority Creditor's Name
P.O. BOX 15369
Number Street
WILMINGTON DE 19850
City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number
When was the debt incurred? 4/2023
As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify CREDIT CARD

\$ 27000

4.7 Merchant One

#51792403031

524 Arthur Godfrey Suite 300 Miami Beach FL 33140

305-538-5240

Charged off \$1310

Date closed: 03/25/2022

4.8

Capital One

ACCOUNT NO 552869556285

\$7500

OPENED 7/22/2022

CHARGEOFF \$8649

4.9

1st Franklin

Account No 57140217

Opened 06/30/2022

\$3675

Secured

4.10

LGE COMMUNITY CREDIT UNION

Account No: 16836000

Date Opened: 10/20/2020

Balance: \$27,999

4.11

Wells Fargo Card Service

Credit Bureau Resolution

PO BOX 14517

DES MOINE I 50306

Account Number: 446542037103

\$3200

Debtor 1

ABUDU JOHN IGAIN
First Name Middle Name Last Name

Case number (if known)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

STATE COLLECTIONS SVC

Name

2509 S. STOUTINGTON RD
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

MADISON WI 53716
City State ZIP Code

Last 4 digits of account number

COLLECTIONS ALLIED INTERSTATE

Name

P.O. BOX 5002
Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured

Claims \$8201.06

FOGELSVILLE PA 18051
City State ZIP Code

Last 4 digits of account number 4611

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Claims

City State ZIP Code

Last 4 digits of account number

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Claims

City State ZIP Code

Last 4 digits of account number

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Claims

City State ZIP Code

Last 4 digits of account number

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Claims

City State ZIP Code

Last 4 digits of account number

Name

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured

Claims

City State ZIP Code

Last 4 digits of account number

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

	Total claim
Total claims from Part 1	
6a. Domestic support obligations	6a. \$ 0
6b. Taxes and certain other debts you owe the government	6b. \$ 0
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ 128704.26
6e. Total. Add lines 6a through 6d.	6e. \$ 128704.26

	Total claim
Total claims from Part 2	
6f. Student loans	6f. \$ 0
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ 128704.26
6j. Total. Add lines 6f through 6i.	6j. \$ 128704.26

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the NORTHERN District of GEORGIA
Case number
(if known)

Check if this is:

- ☐ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

Occupation

DRIVER

Employer's name

EGGHEAD WRITERS LLC

Employer's address

5051 BROWN
Number Street
LEAF COURT

POWDER SPRGS GA
City State ZIP Code 30127

Debtor 2 or non-filing spouse

- ☒ Employed SELF
☐ Not employed

How long employed there? _____

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$ <u>0</u>	\$ _____

3. Estimate and list monthly overtime pay.

3.	+\$ <u>0</u>	+\$ _____
----	--------------	-----------

4. Calculate gross income. Add line 2 + line 3.

4.	\$ <u>0</u>	\$ _____
----	-------------	----------

Debtor 1 ABUDU JOHN TGEIN
First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here..... → 4.	\$ 0	\$	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	\$ 0	\$	
5b. Mandatory contributions for retirement plans	\$ 0	\$	
5c. Voluntary contributions for retirement plans	\$ 0	\$	
5d. Required repayments of retirement fund loans	\$ 0	\$	
5e. Insurance	\$ 0	\$	
5f. Domestic support obligations	\$ 0	\$	
5g. Union dues	\$ 0	\$	
5h. Other deductions. Specify: _____	+\$ 0	+\$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$ 0	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0	\$	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0	\$	
8b. Interest and dividends	\$ 0	\$	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0	\$	
8d. Unemployment compensation	\$ 0	\$	
8e. Social Security	\$ 689	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ 0	\$	
8g. Pension or retirement income	\$ 0	\$	
8h. Other monthly income. Specify: _____	+\$ 0	+\$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$ 689	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 689	\$	
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$ 0		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$ 689	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGIEN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of GEORGIA

Case number
(if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 1000

4a. \$ 0

4b. \$ 0

4c. \$ 0

4d. \$ 0

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Your expenses

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ 0

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 0

6b. Water, sewer, garbage collection

6b. \$ 0

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 300

6d. Other. Specify: _____

6d. \$

7. **Food and housekeeping supplies**

7. \$ 1000

8. **Childcare and children's education costs**

8. \$ 0

9. **Clothing, laundry, and dry cleaning**

9. \$ 200

10. **Personal care products and services**

10. \$ 200

11. **Medical and dental expenses**

11. \$ 100

12. **Transportation.** Include gas, maintenance, bus or train fare.
Do not include car payments.

12. \$ 560

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ 600

14. **Charitable contributions and religious donations**

14. \$ 20

15. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$

15b. Health insurance

15b. \$

15c. Vehicle insurance

15c. \$ 576

15d. Other insurance. Specify: NISSAN TITAN

15d. \$ 135

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____

16. \$ 0

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ 1600

17b. Car payments for Vehicle 2

17b. \$ 1200

17c. Other. Specify: TITAN

17c. \$ 830

17d. Other. Specify: SHINGSHOT

17d. \$ 550

18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18. \$ 0

19. **Other payments you make to support others who do not live with you.**

Specify: _____

19. \$ 0

20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ 0

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 7871

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 7871

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 689

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 7871

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. -\$ 7182

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	<u>ABUDU</u>	<u>JOHN</u>	<u>IGEIN</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>NORTHERN</u> District of <u>GEORGIA</u>		
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from *Schedule A/B*

\$ 0

1b. Copy line 62, Total personal property, from *Schedule A/B*

\$ 174794.01

1c. Copy line 63, Total of all property on *Schedule A/B*

\$ 174794.01

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D*

\$ 109525.60

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*

\$ 128704.26

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*

+ \$ 128704.26

Your total liabilities

\$ 238229.86

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of *Schedule I*

\$ 689

5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of *Schedule J*

\$ 78771

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

negative - \$ 842.07
689/month

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

Total claim

From Part 4 on **Schedule E/F**, copy the following:

9a. Domestic support obligations (Copy line 6a.)

\$ 0

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ 0

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ 0

9d. Student loans. (Copy line 6f.)

\$ 0

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ 0

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

\$ 0

9g. **Total.** Add lines 9a through 9f.

+ \$

\$ 0

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGGIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN District of GEORGIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x

Signature of Debtor 1

Date 1/25
MM / DD / YYYY

x

Signature of Debtor 2

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGGIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHER District of GEORGIA

Case number
(If known) _____

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).

☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).

☐ 3. The commitment period is 3 years.

☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☒ Not married. Fill out Column A, lines 2-11.

☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>0</u>	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse.	\$ <u>0</u>	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ <u>7871</u>	\$ _____
5. Net income from operating a business, profession, or farm	Debtor 1 Gross receipts (before all deductions) <u>\$13698</u> Ordinary and necessary operating expenses <u>-\$14254</u> Net monthly income from a business, profession, or farm <u>-\$556</u>	Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses \$ _____ Net monthly income from a business, profession, or farm \$ _____
6. Net income from rental and other real property	Debtor 1 Gross receipts (before all deductions) \$ <u>0</u> Ordinary and necessary operating expenses <u>-\$0</u> Net monthly income from rental or other real property \$ <u>0</u>	Debtor 2 Gross receipts (before all deductions) \$ _____ Ordinary and necessary operating expenses \$ _____ Net monthly income from rental or other real property \$ _____

Copy here → 556

Copy here → 0

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

7. Interest, dividends, and royalties

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0	\$
\$ 0	\$

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you \$ 0
For your spouse \$

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 0 \$

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0 \$

\$ \$

Total amounts from separate pages, if any.

+\$ 0 +\$

Negative

11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 8427 + \$ 0 = \$ 8427
Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$ 8427

13. Calculate the marital adjustment. Check one:

- ☒ You are not married. Fill in 0 below.
☐ You are married and your spouse is filing with you. Fill in 0 below.
☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

\$ 0
\$ 0
+\$ 0
Total \$ 0

Copy here →

- 0

14. Your current monthly income. Subtract the total in line 13 from line 12.

Negative - \$ 8427

Debtor 1

ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here →

Multiply line 15a by 12 (the number of months in a year).

15b. The result is your current monthly income for the year for this part of the form.

8427
x 12
negative - 101124

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live.

16b. Fill in the number of people in your household.

16c. Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

GA
1

52264

17. How do the lines compare?

17a. ☒ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2).*

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2).* On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11.

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a.

19b. Subtract line 19a from line 18.

8427
- 0
8427

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b.

Multiply by 12 (the number of months in a year).

20b. The result is your current monthly income for the year for this part of the form.

20c. Copy the median family income for your state and size of household from line 16c.

8427
x 12
101124
52264

21. How do the lines compare?

☒ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years. Go to Part 4.*

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years. Go to Part 4.*

Debtor 1

ABUDU JOHN TGEIN
First Name Middle Name Last Name

Case number (if known)

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

X

Signature of Debtor 1

Date 11/12/25
MM / DD / YYYY

X

Signature of Debtor 2

Date
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN District of GEORGIA

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 808

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 0
7b. Number of people who are under 65 X 0
7c. Subtotal. Multiply line 7a by line 7b. \$ 0 Copy here → \$ 0

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 0
7e. Number of people who are 65 or older X 0
7f. Subtotal. Multiply line 7d by line 7e. \$ 0 Copy here → + \$ 0

7g. Total. Add lines 7c and 7f. \$ 0 Copy here → \$ 0

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 1986

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1000

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
ASCENTUM	\$ 2800
CUB CINCH	\$ 840
PERFORMANCE	\$ 517
	+ \$ 4157

9b. Total average monthly payment

Copy here → - \$ 4157 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 1000 Copy here → \$ 1000

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ _____

Explain why:

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
☐ 1. Go to line 12.
☒ 2 or more. Go to line 12.

12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$2352

13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1 Describe Vehicle 1: \$588 / CAR

13a. Ownership or leasing costs using IRS Local Standard \$ 2352

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
<u>ASCENTUM CAPITAL</u>	<u>\$1600</u>

+ \$

Total average monthly payment

\$1600

Copy here →

— \$ 1600

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$1600

Copy net Vehicle 1 expense here →

\$1600

Vehicle 2 Describe Vehicle 2: FORD F550 2021
ASCENTUM CAPITAL

13d. Ownership or leasing costs using IRS Local Standard \$ 588

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
<u>ASCENTUM CAPITAL</u>	<u>\$1200</u>

+ \$

Total average monthly payment

\$1200

Copy here →

— \$ 1200

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

\$612

Copy net Vehicle 2 expense here →

\$612

14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$224

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$224

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. \$ 0
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ 0
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ 0
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ 25
20. **Education:** The total monthly amount that you pay for education that is either required:
☐ as a condition for your job, or
☐ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 0
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 0
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$ 0
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. + \$ 300
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. \$ 325

Additional Expense Deductions

These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | | |
|------------------------|-------------|-------------------------------|
| Health insurance | \$ _____ | |
| Disability insurance | \$ _____ | |
| Health savings account | + \$ _____ | |
| Total | \$ <u>0</u> | Copy total here → \$ <u>0</u> |
- Do you actually spend this total amount?
☒ No. How much do you actually spend? \$ _____
☐ Yes
26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). \$ 0
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$ 0

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$ 0

* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
You must show that the additional amount claimed is reasonable and necessary.

\$ 0

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).
Do not include any amount more than 15% of your gross monthly income.

+ \$ 0

32. **Add all of the additional expense deductions.**
Add lines 25 through 31.

\$ 0

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

	Average monthly payment
Mortgages on your home	
33a. Copy line 9b here..... →	\$ <u>0</u>
Loans on your first two vehicles	
33b. Copy line 13b here. →	\$ <u>1600</u>
33c. Copy line 13e here. →	\$ <u>1200</u>
33d. List other secured debts:	

Name of each creditor for other
secured debt

Identify property that
secures the debt

Does
payment
include taxes
or insurance?

<u>CULS AUTO FINANCE</u>	<u>TITAN</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>829</u>
<u>SHEFFIELD</u>	<u>TRAILERS</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ <u>305</u>
<u>PERFORMANCE</u>	<u>SLINGSHOT</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	+ \$ <u>521</u>

33e. Total average monthly payment. Add lines 33a through 33d. → \$ 1655

Copy total
here →

\$ 1655

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
ASCENTUM TRUCKS		\$ 109525 + 60 =	\$ 1825.42
PERFORMANCE SHINSHOT		\$ 31067 + 60 =	\$ 517.78
CULS CINCH TITAN		\$ 50438 + 60 =	\$ 840.63
		Total	\$ 3183.83 Copy total here →

\$ 3183.83

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☒ No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. \$ 0 + 60 \$ 0

36. Projected monthly Chapter 13 plan payment

\$ 3183.83

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 6%

Average monthly administrative expense

\$ 171.03 Copy total here →

\$ 171.83

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ 3374.83

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ 325

Copy line 32, All of the additional expense deductions..... \$ 0

Copy line 37, All of the deductions for debt payment..... + \$ 3374.83

Total deductions..... \$ 3699.83 Copy total here →

\$ 3699.83

Debtor 1

ABDUL JOHN IGEIN
First Name Middle Name Last Name

Case number (if known)

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. → \$ 8427
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0
41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 0
42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here → \$ 0
43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.
- | Describe the special circumstances | Amount of expense |
|------------------------------------|-------------------|
| _____ | \$ 0 |
| _____ | \$ 0 |
| _____ | + \$ 0 |
| Total | \$ 0 |
- Copy here → + \$ 0
44. Total adjustments. Add lines 40 through 43. \$ 0 Copy here → - \$ 0
45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. - 8427 \$ 689

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ 0
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ 0
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ 0
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ 0
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	

Debtor 1 ABUDU JOHN IGEIN
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x

Signature of Debtor 1

Date

MM / DD / YYYY

x

Signature of Debtor 2

Date

MM / DD / YYYY

Case #: _____

LIST OF CREDITORS

Ascentium Capital 23970 Highway 59 North, Kingwood, Texas 77339-1535	
CULS DBA Cinch Auto Finance 10800 Alpharetta Highway Suite 208 Roswell GA 30076	
Performance Finance PO Box 5108 Oak Brook IL 60523-5108	
Sheffield Financial PO Box 840 Winston NC 27894	
1st Franklin 7436 Douglas Blvd Suite B Douglasville GA 30135	

Performance Finance 1515 W. 22nd Street Suite 100W Oak Brook IL 60523	
---	--

NAPA AUTO PARTS Genuine Parts Company PO Box 2047 Norcross GA 30091	
VALERO FLEET PLUS PO BOX 639 Portland ME 04104-0639	

LIST OF CREDITORS

Credit Control, LLC 3300 Rider Trail S Suite 500 Earth City, MO 63045 1-866-672-1479	
---	--

Wellstar Health System PO Box 600 Oaks PA 19456	Guarantor #: 987677
--	----------------------------

T-Mobile Customer Relations PO Box 37380 Albuquerque, NM 87176-7380	Account 404-844-1707
--	---------------------------------------

Department of Justice New Jersey Federal Building, Room 701 970 Broad Street Newark NJ 07102	Federal Case Number: 99-655 US
---	---------------------------------------

SBA GEORGIA DISTRICT OFFICE 233 Peachtree Street Suite 300 Atlanta GA 30303	
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Generated: Jan 24, 2025 2:51PM

Page 1/1



U.S. Bankruptcy Court

Georgia Northern Bankruptcy

Receipt Date: Jan 24, 2025 2:51PM

Abudu John Igein

Rcpt. No: 10006181

Trans. Date: Jan 24, 2025 2:51PM

Cashier ID: #RS

CD	Transaction	Case/Party/Defendant	Qty	Price	Amt
13IN	Ch 13 INST (ANY	25-50776	1	78.00	78.00

CD	Tender		Amt
CH	CHECK	#19-655446482	01/24/2025
			\$78.00
		Total Due Prior to Payment:	\$78.00
		Total Tendered:	\$78.00
		Total Cash Received:	\$0.00
		Cash Change Amount:	\$0.00

Debtor: Abudu John Igein

Only when the bank clears the check, money order, or verifies credit of funds, is the fee or debt officially paid or discharged. A \$53 fee will be charged for a returned check.

Case Number: 25-50776

Name: Igein

Chapter: 13

Division: Atlanta

Please submit the following original documents to the Court for filing so that the case will proceed timely. **Failure to comply may result in the dismissal of your case.**

If filing bankruptcy without an attorney, please read the information regarding *Filing Bankruptcy without an Attorney* at: www.uscourts.gov/services-forms/bankruptcy/filing-without-attorney.

☒ Individual - Series 100 Forms☐ Non-Individual - Series 200 Forms

Official and Local Bankruptcy Forms are available on the Court's website at: www.ganb.uscourts.gov.

MISSING DOCUMENTS DUE WITHIN 7 DAYS

- ☐ Complete List of Creditors (names and addresses of all creditors)
☐ Pro Se Affidavit (signature must be **notarized**,
or witnessed by a Court Intake Clerk, accompanied by a picture I.D.)
☐ Signed Statement of SSN

Petition Deficiencies:

- ☐ Last 4 digits of SSN
☐ Address
☐ Statistical Estimates
☐ Other:

MISSING DOCUMENTS DUE WITHIN 14 DAYS

- ☐ Statement of Financial Affairs
☐ Schedules: A/B C D E/ F G H I J ☐ J-2 (*separate household of Debtor 2*)
☐ Summary of Assets and Liabilities
☐ Declaration About Debtor(s) Schedules
☐ Attorney Disclosure of Compensation
☐ Petition Preparer's Notice, Declaration and Signature (*Form 119*)
☐ Disclosure of Compensation of Petition Preparer (*Form 2800*)
☐ Chapter 13 Current Monthly Income
☐ Chapter 7 Current Monthly Income
☐ Chapter 11 Current Monthly Income
☐ Certificate of Credit Counseling (*Individuals only*)
☐ Pay Advices (*Individuals only*) (*2 Months*)
☒ Chapter 13 Plan, complete with signatures (*local form*)
☐ Corporate Resolution (*Non-Individual Ch. 7 & 11*)

MISSING DOCUMENTS DUE WITHIN 30 DAYS

- ☐ Statement of Intent – Ch.7 (*Individuals only*)

Chapter 11

- ☐ 20 Largest Unsecured Creditors
☐ List of Equity Security Holders
☐ Small Business - Balance Sheet
☐ Small Business - Statement of Operations
☐ Small Business - Cash Flow Statement
☐ Small Business - Federal Tax Returns

Case filed via:☒ Intake Counter by:

- ☐ Attorney
☒ Debtor 404-947-9278
☐ Other:

☐ Mailed by:

- ☐ Attorney
☐ Debtor
☐ Other:

☐ Email [Pursuant to Amended and Restated General Order 45-2021, this petition was received for filing via email]

History of Case Association

Prior cases within 5 years: 24-63649

Signature: 

Acknowledgment of receipt of Deficiency Notice

Intake Clerk: rsmith

ID Verified ☒ Date: 1/24/25**FILING FEE INFORMATION**

Online Payment for Filing Fee <https://www.ganb.uscourts.gov/online-payments> (not for chapter 13 plan payments)

- ☒ Paid \$ 78
☐ Pending Pay.Gov, Paid \$ _____
☐ IFP filed (Ch.7 Individuals Only)
☐ 2g-Order Granting ☒ ~~3g-Order Granting 10-day (initial payment of \$ 235 due within 10 days)~~
☒ 2d-Order Denying with filing fee of \$ 235 due within 10 days
☐ No Application to Pay in Installments, Order Regarding Unpaid Case Filing Fee.

You may mail documents and filing fee payments (no personal checks or cash accepted) to the address below.
All fee payments and documents filed with the Court must show the debtor's name and bankruptcy case number.

UNITED STATES BANKRUPTCY COURT
 75 Ted Turner Drive, SW, Room 1340
 Atlanta, Georgia 30303
 404-215-1000